09/99754/

PTOTSB05 (08-03) ned for use through 7/31/2005, OMB 0551-0032 th ORCE, U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | | | | | | | |
|--|--|--------------------|--------------|------------------------|--------------------|------|--------------------|---------------------------------------|--------------|----------------------------|----------|
| Substitute for Form PTO-875 | | | | | | | | | | | 07/ |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | _ | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| FOR | | HALIMBE | MUMBERFAED | | HULBER EXTRA | | RATE | FEE | | RATE | FEE |
| BASIC FEE (3FCFR +.1842) | | | | | L | | 5 | OR | | 8 | |
| TOTAL CLARUS (2) CFR 1,18(c) | | | mirus 20 ° | | | | | | OR | x 5 | |
| PROEPERDENT CLAIMS (2) CFR 1.18(6)) | | rs . | minus 3 * | | | | | | OR | xs v | |
| MULTUPLE DEPENDENT CLASS PRESENT (37 CFR 1,16(4)) | | | | | T, | | | OR | +1 | | |
| * If the difference or column 1 is less than zoro, enter "O" in column 2. | | | | | | _ | IOTAL | | OR | IOTAL | |
| | | | | | | | | | | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | |
| 2 | JUV! | (Column 1) | | (Cotumn 2) | (Column 3) | | SMALL E | NTITY | OR | | ENTITY |
| 4 | | CLAMS REMAINING | | HIGHEST | PRESENT | | RATE | ADO1- | | RATE | AQQ)- |
| 뉟 | | AFTER AMENDMENT | | PREVIOUSLY PAID FOR | EXTRA | 1 | | TIOMAL FEE | | | FEE |
| AMENDMENT | किर्ज (अमृत्यक्रम् | ं/रा | Minus | 20. | • 7 | Γ | . 1 · | | OR | x 1 | |
| ä | brdependent CFC/R 1.1008 | -3 | Minus | 28 | • / | Ī | K 8 • | | OR | # \$ | 7 |
| ξ | FIRST PRESENT | ATION OF MATPU | E GEPELOEN | TOME BIO | R 1.14(d)) | Ī | +1 . | | OR | +1 | / |
| | | | | | | | TOTAL ADD'L FEE | | OR. | TOTAL ADD'L FEE | ; · |
| | | | | | | • | ADDEFEE | | , | MOCIET | |
| ┝╌ | -/ / | (Cotume 1) | | (Cotumn 2) HIGHEST | (Coturn 3) | Ė | 1 | | 1 | [| Γ. |
| 뛰 | 8/22/ | REMAINING | . | NUMBER PREVIOUSLY | PRESENT "EXTRA" | | RATE | ADDI- | | RATE | -IODA |
| <u>a</u> | 14/0 | AMENOMENT | Minus | PAID FOR | | ╏╌┠╴ | | FEE | | · | FEE |
| 8 | िर्दर्ध (३२ टरने १.च्युट) | 10 | | 20 | 0 | L | x s* | | ÓR | ×3 | <u> </u> |
| AMENDMENT B | Independent (DI CFR LING) | 3 | Minus" | · 3 | 0 | ŀĿ | # 5 <u></u> = - | | OK. | X \$ a- | ٠ |
| FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 OFR 1,14(n)) | | | | | | Н | * 5 *_ | | OR | +3 | |
| 9.70.1/ | | | | | | | TOTAL ADO'L FEE | · | OR | TOTAL ADD'L FEE | |
|) <i>*</i> | 4/1/1 | (Calumn 1) | | (Column 2) | (Column 3) | ı | | | • | | |
| | 2/1 | CLADAS | | HIGHEST | | ול | \ | | l | 2176 | ADOI- |
| 5 | 913/71 | REMAINING AFTER | | MUMBER PREVIOUSLY | PRESENT EXTRA | Н | PATE | ADD+ TIONAL FEE | 1 | RATE | TIONAL |
| ğ | Total | AMENDMENT | Minus | PAID FOR | | | ** | FEE | [a] | × . | 1.22 |
| 2 | Independent (3° CFR 1,1494) | 1.(3 | Minus | 2 | ٠, | lł | *4 : | | OR. | | |
| AMENDMENT | FIRST PRESENTATION OF MULTIPLE DEPENDENT QUAM. (17 O'R 1,1880) | | | | | lt | | | OR. | | |
| FRST PRESENTATION OF REAL TOP CONTROL OF THE PRESENTATION OF THE P | | | | | | ı L | TOTAL . | | 1 . | TOTAL. | \vdash |
| Ι. | d the activing | miumo 1 is less th | as the entry | in column 2. wi | ite 10° in column | | ADD'L FEE | <u> </u> | OR | ADD'L FEE | |
| * If the entry in column i is less than the entry in column 2, write '0' in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". | | | | | | | | | | | |
| 1 | wase ceffingat | | | | and in the Alaba | | | · · · · · · · · · · · · · · · · · · · | ate mor in a | ohenn 1 | |

This cotedion of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.16. The administration is served to take 12 minutes to complete, including gathering, preparing, and submisting the complete application form to the USPTO, Time will vary depending upon the includent case. Any comments on the amount of time you require to complete this form another suggestions for reducing this landers, should be sent to the Chief Information Diffeer. U.S. Patient and Trademark Office, U.S. Department of Comments, P.O. Box 1450, Alexandria, VA 222TB 1450.

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